

Payment Authorization Panel Request

The procedure to process requests for payment for services beyond the limits established in 911 KAR 2:200E.

The service coordinator submits the following information to the:

Payment Authorization Panel Coordinator
Commission for Children with Special Health Care Needs
982 Eastern Parkway
Louisville, KY 40217

- | | |
|--|--|
| <i>911 KAR 2:200E & 34 CFR 303.344</i> | <ul style="list-style-type: none">• Cover letter describing request<ul style="list-style-type: none">Outcome(s) related to requestDiscipline(s) involvedAmount of units per week requestedPlan for length of time additional units will be needed |
| <i>911 KAR 2:120E</i> | <ul style="list-style-type: none">• Medical Component of PLE:<ul style="list-style-type: none">HistoryPhysical examHearing screeningVision screeningAny other available reports from medical specialist(s) |
| <i>34 CFR 303.322</i> | <ul style="list-style-type: none">• Developmental Evaluation Report(s)<ul style="list-style-type: none">Primary LevelIntensive Level (if one has occurred) |
| <i>34 CFR 303.322</i> | <ul style="list-style-type: none">• All IFSP Team member report(s) completed during time in First Steps Assessment<ul style="list-style-type: none">Six-month Progress |
| <i>34 CFR 303.344</i> | <ul style="list-style-type: none">• IFSP documents completed within the last 12 months |
| <i>34 CFR 303.527</i> | <ul style="list-style-type: none">• Payor of Last Resort Form along with available supporting documentation<ul style="list-style-type: none">Submitted RequestsResponse from payor source |
| <i>34 CFR 303.18 & 303.344</i> | <ul style="list-style-type: none">• Service Plan Activity Matrix Form• Transfer of Skills Form |